

United States Bankruptcy Court Northern District of Illinois		Voluntary Petition																											
Name of Debtor (if individual, enter Last, First, Middle): <b>Crockett, Randy</b>	Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Crockett, Javona</b>																												
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>Javona Burrel</b>																												
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>2747</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>0976</b>																												
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>4302 W Gladys Apt 1 Chicago, IL</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>4302 W Gladys Apt 1 Chicago, IL</b>																												
ZIPCODE <b>60624</b>	ZIPCODE <b>60624</b>																												
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business: <b>Cook</b>																												
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):																												
ZIPCODE	ZIPCODE																												
Location of Principal Assets of Business Debtor (if different from street address above):																													
ZIPCODE																													
<b>Type of Debtor</b> (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 13  <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.																											
<b>Filing Fee</b> (Check one box)																													
<input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.																													
<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000.  <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																													
<b>Statistical/Administrative Information</b>																													
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																													
<b>Estimated Number of Creditors</b> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1-49</td> <td style="text-align: center;">50-99</td> <td style="text-align: center;">100-199</td> <td style="text-align: center;">200-999</td> <td style="text-align: center;">1,000- 5,000</td> <td style="text-align: center;">5,001- 10,000</td> <td style="text-align: center;">10,001- 25,000</td> <td style="text-align: center;">25,001- 50,000</td> <td style="text-align: center;">50,001- 100,000</td> </tr> <tr> <td colspan="3"></td> <td colspan="6" style="text-align: center;">Over 100,000</td> </tr> </table>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000				Over 100,000					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000																					
			Over 100,000																										
<b>Estimated Assets</b> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">\$100,000,001 to \$500 million</td> <td style="text-align: center;">\$500,000,001 to \$1 billion</td> </tr> <tr> <td colspan="3"></td> <td colspan="6" style="text-align: center;">More than \$1 billion</td> </tr> </table>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				More than \$1 billion					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion																					
			More than \$1 billion																										
<b>Estimated Liabilities</b> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">\$0 to \$50,000</td> <td style="text-align: center;">\$50,001 to \$100,000</td> <td style="text-align: center;">\$100,001 to \$500,000</td> <td style="text-align: center;">\$500,001 to \$1 million</td> <td style="text-align: center;">\$1,000,001 to \$10 million</td> <td style="text-align: center;">\$10,000,001 to \$50 million</td> <td style="text-align: center;">\$50,000,001 to \$100 million</td> <td style="text-align: center;">\$100,000,001 to \$500 million</td> <td style="text-align: center;">\$500,000,001 to \$1 billion</td> </tr> <tr> <td colspan="3"></td> <td colspan="6" style="text-align: center;">More than \$1 billion</td> </tr> </table>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				More than \$1 billion					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion																					
			More than \$1 billion																										
<b>THIS SPACE IS FOR COURT USE ONLY</b>																													

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Crockett, Randy &amp; Crockett, Javona</b>
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)		
Location Where Filed: <b>None</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>None</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>X /s/ Nicolette Robovsky</b> <small>Signature of Attorney for Debtor(s)</small>
		<b>11/11/08</b> <small>Date</small>
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
<b>Information Regarding the Debtor - Venue</b> <small>(Check any applicable box.)</small>		
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> <small>(Check all applicable boxes.)</small>		
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <small>(Name of landlord or lessor that obtained judgment)</small> <small>(Address of landlord or lessor)</small>		
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Crockett, Randy & Crockett, Javona****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Randy Crockett**

Signature of Debtor

**Randy Crockett****X /s/ Javona Crockett**

Signature of Joint Debtor

**Javona Crockett**

Telephone Number (If not represented by attorney)

**November 11, 2008**

Date

**Signature of Attorney\*****X /s/ Nicolette Robovsky**

Signature of Attorney for Debtor(s)

**Nicolette Robovsky 6278336**

Printed Name of Attorney for Debtor(s)

**Gleason & Gleason**

Firm Name

**77 W Washington, Ste 1218**

Address

**Chicago, IL 60602****(312) 578-9530**

Telephone Number

**November 11, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A *bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

---

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

---

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

---



---

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

#### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Crockett, Randy & Crockett, Javona**

Printed Name(s) of Debtor(s)

**X /s/ Randy Crockett**

**11/11/2008**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Javona Crockett**

**11/11/2008**

Date

Debtor(s)

(If known)

**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
<b>None</b>				
				<b>TOTAL</b> <b>0.00</b>

(Report also on Summary of Schedules)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	<b>Cash on hand</b>	J	<b>150.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.				
3. Security deposits with public utilities, telephone companies, landlords, and others.		<b>Security deposit w landlord</b>	J	<b>1,500.00</b>
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>	J	<b>2,500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		<b>Music, books, and pictures</b>	J	<b>50.00</b>
6. Wearing apparel.	X	<b>Clothing</b>		<b>250.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X	<b>Term life - American Finance - No cash surrender value</b>	J	<b>0.00</b>
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X	<b>Pension</b>	H	<b>4,000.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O T E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		07 Chevy Malibu	J	14,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

**IN RE Crockett, Randy & Crockett, Javona**

**Debtor(s)**

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY  
(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X			

**0** continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

- 11 U.S.C. § 522(b)(2)  
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
<b>Cash on hand</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>150.00</b>	<b>150.00</b>
<b>Security deposit w landlord</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>1,500.00</b>	<b>1,500.00</b>
<b>Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>	<b>735 ILCS 5 §12-1001(b)</b>	<b>2,500.00</b>	<b>2,500.00</b>
<b>Music, books, and pictures</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>50.00</b>	<b>50.00</b>
<b>Clothing</b>	<b>735 ILCS 5 §12-1001(a)</b>	<b>250.00</b>	<b>250.00</b>
<b>Pension</b>	<b>735 ILCS 5 §12-1006(a)</b>	<b>4,000.00</b>	<b>4,000.00</b>
<b>07 Chevy Malibu</b>	<b>735 ILCS 5 §12-1001(c)</b>	<b>2,400.00</b>	<b>14,000.00</b>

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. <b>2035675</b>	<b>J</b>		<b>Installment account opened 6/07</b>				<b>21,803.00</b>	<b>7,803.00</b>
<b>Acc Consumer Finance L 10770 Wateridge Cir San Diego, CA 92121-5701</b>			<b>VALUE \$ 14,000.00</b>					
ACCOUNT NO.								
			<b>VALUE \$</b>					
ACCOUNT NO.								
			<b>VALUE \$</b>					
ACCOUNT NO.								
			<b>VALUE \$</b>					

**0** continuation sheets attached

Subtotal  
(Total of this page) \$ **21,803.00** \$ **7,803.00**

Total  
(Use only on last page) \$ **21,803.00** \$ **7,803.00**

(Report also on  
Summary of  
Schedules.) (If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Domestic Support Obligations**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>228h20060125000</b> <b>II Dept Of Healthcare</b> <b>509 S 6th St</b> <b>Springfield, IL 62701-1825</b>	H	<b>child support</b>	X	<b>140.00</b>	<b>140.00</b>	
ACCOUNT NO. <b>Illinois Department Of Human Services</b> <b>Cash Management Unit</b> <b>PO Box 19407</b> <b>Springfield, IL 62794-9407</b>	J	<b>back child support</b>	X	<b>4,000.00</b>	<b>4,000.00</b>	
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
Sheet no. <b>1</b> of <b>2</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims		Subtotal (Totals of this page)		\$ <b>4,140.00</b>	\$ <b>4,140.00</b>	\$
		Total				
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)				\$		
		Total				
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				\$		\$

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO. <b>Illinois Department Of Revenue Bankruptcy Section Level 7-425 100 W Randolph St Chicago, IL 60601-3218</b>	J	<b>taxes</b>				<b>500.00</b>	<b>500.00</b>	
ACCOUNT NO. <b>Internal Revenue Service Centralized Insolvency Operations PO Box 21126 Philadelphia, PA 19114-0326</b>	J	<b>taxes</b>				<b>1,000.00</b>	<b>1,000.00</b>	
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
ACCOUNT NO.								
Sheet no. <b>2</b> of <b>2</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Totals of this page)	\$ <b>1,500.00</b>	\$ <b>1,500.00</b>	\$		
			Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)	\$ <b>5,640.00</b>				
			Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <b>5,640.00</b>	\$		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO. <b>C11388803</b>  <b>Aaron Sales And Lease Ow PO Box 102746 Atlanta, GA 30368-2746</b>	<b>H</b>	<b>Open account opened 9/06</b>				<b>1,155.00</b>	
ACCOUNT NO. <b>C11388829</b>  <b>Aaron Sales And Lease Ow PO Box 102746 Atlanta, GA 30368-2746</b>		<b>Open account opened 9/06</b>				<b>1,247.00</b>	
ACCOUNT NO. <b>0556</b>  <b>Advocate Health Hospital Cor Bethany 3435 W Van Buren St Chicago, IL 60624-3312</b>	<b>W</b>	<b>Collections account opened 5/07</b>				<b>277.00</b>	
ACCOUNT NO.  <b>State Collection Servi PO Box 6250 Madison, WI 53716-0250</b>		<b>Assignee or other notification for: Advocate Health Hospital Cor</b>					
<b>16</b> continuation sheets attached			Subtotal (Total of this page)	\$ <b>2,679.00</b>			
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$			

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. <b>17200130643</b>	H	<b>Installment account opened 7/07</b>			<b>640.00</b>
<b>America's Fi 2 Madison St Oak Park, IL 60302-4204</b>					
ACCOUNT NO.	J	<b>loan</b>			<b>750.00</b>
<b>America's Financial Choice 3555 W Irving Park Rd Chicago, IL 60618-3219</b>					
ACCOUNT NO.	J	<b>Loan</b>			<b>700.00</b>
<b>Americash Loans Attn Bankruptcy 880 Lee St Ste 302 Des Plaines, IL 60016-6487</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Americash Loans</b>			
<b>Americash Loans 103 W Division St Chicago, IL 60610-1909</b>					
ACCOUNT NO. <b>6690</b>	J	<b>Collections</b>			<b>1,169.00</b>
<b>Aspire PO Box 105341 Atlanta, GA 30348-5341</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Aspire</b>			
<b>David Taylor And Assocs 170 Main St Unit G11 Tewksbury, MA 01876-1744</b>					
ACCOUNT NO.		<b>Assignee or other notification for: Aspire</b>			
<b>Zenith Acquisition Corp 220 John Glenn Dr # 1 Buffalo, NY 14228-2228</b>					
Sheet no. <b>1</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>3,259.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1968</b>  <b>AT &amp; T</b> <b>PO Box 8100</b> <b>Aurora, IL 60507-8100</b>	H	<b>Open account opened 11/06</b>			<b>307.00</b>
ACCOUNT NO.  <b>Asset Acceptance Llc</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>Assignee or other notification for: AT &amp; T</b>			
ACCOUNT NO. <b>8014</b>  <b>AT &amp; T</b> <b>PO Box 8100</b> <b>Aurora, IL 60507-8100</b>	H	<b>Open account opened 3/06</b>			<b>229.00</b>
ACCOUNT NO.  <b>Cavalry Portfolio Serv</b> <b>PO Box 1017</b> <b>Hawthorne, NY 10532-7504</b>		<b>Assignee or other notification for: AT &amp; T</b>			
ACCOUNT NO. <b>3541</b>  <b>Bally Total Fitness</b> <b>Attn Member Services</b> <b>PO Box 1090</b> <b>Norwalk, CA 90651-1090</b>	W	<b>Open account opened 4/08</b>			<b>1,331.00</b>
ACCOUNT NO.  <b>Asset Acceptance Llc</b> <b>PO Box 2036</b> <b>Warren, MI 48090-2036</b>		<b>Assignee or other notification for: Bally Total Fitness</b>			
ACCOUNT NO. <b>1615</b>  <b>Black Expressions Book Club</b> <b>1225 S Market St</b> <b>Mechanicsburg, PA 17055-4728</b>	W	<b>Collections account opened 2/08</b>			<b>138.00</b>
Sheet no. <u>2</u> of <u>16</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,005.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Rjm Acq Llc 575 Underhill Blvd Ste 224 Syosset, NY 11791-3416</b>		<b>Assignee or other notification for: Black Expressions Book Club</b>			
ACCOUNT NO. <b>BIL22746833-0</b>	J	<b>NSF</b>			<b>876.00</b>
ACCOUNT NO. <b>529107175860</b>	W	<b>Revolving account opened 6/00</b>			<b>1,354.00</b>
ACCOUNT NO. <b>Tsys Debt Management PO Box 5155 Norcross, GA 30091-5155</b>		<b>Assignee or other notification for: Cap One</b>			
ACCOUNT NO. <b>4723</b>	H	<b>loan</b>			<b>1,830.00</b>
ACCOUNT NO. <b>Jvdb Asc PO Box 5718 Elgin, IL 60121-5718</b>		<b>Assignee or other notification for: Car Town, Inc</b>			
ACCOUNT NO. <b>jvdb4723, 06M1180908</b>	J	<b>loan</b>			<b>2,784.00</b>
Sheet no. <u>3</u> of <u>16</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>6,844.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.					
<b>Law Offices Of Jerry M. Salzberg 3949 N Pulaski Rd Chicago, IL 60641-2932</b>		<b>Assignee or other notification for: Car Town, Inc</b>			
ACCOUNT NO. <b>85702</b>	<b>J</b>	<b>Collections</b>			<b>2,647.00</b>
<b>Cingular Wireless/ AT&amp;T Wireless 175 E Houston St San Antonio, TX 78205-2255</b>					
ACCOUNT NO.					
<b>Afni, Inc PO Box 3427 Bloomington, IL 61702-3427</b>		<b>Assignee or other notification for: Cingular Wireless/ AT&amp;T Wireless</b>			
ACCOUNT NO. <b>0701</b>	<b>W</b>	<b>Open account opened 9/06</b>			<b>7,706.00</b>
<b>Citibank Attn: Centralized Bankruptcy PO Box 20507 Kansas City, MO 64195-0507</b>					
ACCOUNT NO.					
<b>Lvnv Funding Llc PO Box 10587 Greenville, SC 29603-0587</b>		<b>Assignee or other notification for: Citibank</b>			
ACCOUNT NO.	<b>J</b>	<b>Collections</b>			<b>1,170.00</b>
<b>City Of Chicago Bureau Of Parking Department Of Revenue 333 S State St Ste 540 Chicago, IL 60604-3992</b>					
ACCOUNT NO.					
<b>Arnold Scott Harris 600 W Jackson Blvd Ste 720 Chicago, IL 60661-5683</b>		<b>Assignee or other notification for: City Of Chicago Bureau Of Parking</b>			
Sheet no. <b>4</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>11,523.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Linebarger, Goggan, Blair, Sampson LLP Attorneys At Law PO Box 6152 Chicago, IL 60606-0152</b>		<b>Assignee or other notification for: City Of Chicago Bureau Of Parking</b>			
ACCOUNT NO. 151088	J	<b>Collections</b>			1,000.00
ACCOUNT NO.					
<b>Com Ed Customer Care Center PO Box 805379 Chicago, IL 60680-5379</b>		<b>Assignee or other notification for: Com Ed</b>			
ACCOUNT NO. 9225	H	<b>Open account opened 7/07</b>			199.00
ACCOUNT NO.					
<b>Comcast Attn Bankruptcy 1500 Market St Philadelphia, PA 19102-2100</b>		<b>Assignee or other notification for: Comcast</b>			
ACCOUNT NO.	H	<b>Open account opened 9/07</b>			632.00
ACCOUNT NO.					
<b>Commonwealth Edison</b>		<b>Assignee or other notification for: Commonwealth Edison</b>			
Sheet no. <u>5</u> of <u>16</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,831.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Van Ru Credit Corp 10024 Skokie Blvd Ste 2 Skokie, IL 60077-1025</b>		<b>Assignee or other notification for: Commonwealth Edison</b>			
ACCOUNT NO. <b>16125</b>	<b>J</b>	<b>Collections</b>			<b>65.00</b>
ACCOUNT NO.					
<b>Cps Security PO Box 782408 San Antonio, TX 78278-2408</b>		<b>Assignee or other notification for: Cps Security</b>			
ACCOUNT NO. <b>6523</b>	<b>H</b>	<b>Open account opened 10/07</b>			<b>25.00</b>
ACCOUNT NO.					
<b>First Cash Advance 1916 E 95th St Chicago, IL 60617-4787</b>		<b>Assignee or other notification for: First Cash Advance</b>			
ACCOUNT NO.					
<b>Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036</b>					
ACCOUNT NO.	<b>J</b>	<b>loan</b>			
<b>Genesis Financial Services 505 N Lasalle St Ste 250 Chicago, IL 60610-4222</b>					<b>750.00</b>
ACCOUNT NO. <b>0017185001</b>	<b>J</b>	<b>Medical or Dental Bill</b>			
<b>Horizon Emergency Physician Group Dept 3100 PO Box 3781 Hinsdale, IL 60522-3781</b>					<b>144.00</b>
Sheet no. <b>6</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>984.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.		J <b>repossession</b>			
<b>Hsbc Auto Finance Bankruptcy PO Box 17909 San Diego, CA 92177-7909</b>					<b>2,500.00</b>
ACCOUNT NO. <b>421794500148</b>		W <b>Revolving account opened 12/01</b>			<b>100.00</b>
<b>Hsbc Bank PO Box 5253 Carol Stream, IL 60197-5253</b>					
ACCOUNT NO.		J <b>Overpayment of benefits</b>			
<b>Illinois Department Of Employment Security Attn Bankruptcy 3rd Fl 401 S State St Chicago, IL 60605-1229</b>					<b>5,000.00</b>
ACCOUNT NO.		J <b>Collections</b>			
<b>Intelenet Global Services 2325 Coit Rd Ste B Plano, TX 75075-3795</b>					<b>119.50</b>
ACCOUNT NO.					
<b>Asset Acceptance PO Box 2036 Warren, MI 48090-2036</b>		<b>Assignee or other notification for: Intelenet Global Services</b>			
ACCOUNT NO.					
<b>SBC/ AT&amp;T 225 W Randolph St Chicago, IL 60606-1838</b>		<b>Assignee or other notification for: Intelenet Global Services</b>			
ACCOUNT NO. <b>2843</b>		H <b>Collections account opened 3/06</b>			
<b>IQ Telecom 3221 Burr Oak Ave Blue Island, IL 60406-1829</b>					<b>64.00</b>
Sheet no. <b>7</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>7,783.50</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>I C System Inc</b> <b>PO Box 64378</b> <b>Saint Paul, MN 55164-0378</b>		<b>Assignee or other notification for: IQ Telecom</b>			
ACCOUNT NO. 9770	H	<b>Open account opened 7/05</b>			2,372.00
<b>Lincoln Towing Service Inc</b> <b>4882 N Clark St</b> <b>Chicago, IL 60640-4711</b>		<b>Assignee or other notification for: Lincoln Towing Service Inc</b>			
ACCOUNT NO.					
<b>Rickenbacker Group</b> <b>15005 Concord Cir</b> <b>Morgan Hill, CA 95037-5417</b>		<b>Assignee or other notification for: Lincoln Towing Service Inc</b>			
ACCOUNT NO. 2679	W	<b>Open account opened 5/04</b>			513.00
<b>MCI Bankruptcy Department</b> <b>PO Box 3243</b> <b>Bloomington, IL 61702-3243</b>		<b>Assignee or other notification for: MCI Bankruptcy Department</b>			
ACCOUNT NO.					
<b>Park Dansan</b> <b>113 W 3rd Ave</b> <b>Gastonia, NC 28052-4320</b>		<b>Assignee or other notification for: MCI Bankruptcy Department</b>			
ACCOUNT NO. 5521	W	<b>Open account opened 7/06</b>			514.00
<b>MCI Bankruptcy Department</b> <b>PO Box 3243</b> <b>Bloomington, IL 61702-3243</b>		<b>Assignee or other notification for: MCI Bankruptcy Department</b>			
ACCOUNT NO.					
<b>Midland Credit Mgmt</b> <b>8875 Aero Dr</b> <b>San Diego, CA 92123-2251</b>		<b>Assignee or other notification for: MCI Bankruptcy Department</b>			
Sheet no. <u>8</u> of <u>16</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <u>3,399.00</u>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5275</b>		<b>H Open account opened 7/06</b>			<b>304.00</b>
<b>MCI Bankruptcy Department PO Box 3243 Bloomington, IL 61702-3243</b>		<b>Assignee or other notification for: MCI Bankruptcy Department</b>			
ACCOUNT NO. <b>Medical</b>	<b>W</b>				<b>756.00</b>
ACCOUNT NO. <b>Harris 600 W Jackson Blvd Chicago, IL 60661-5636</b>		<b>Assignee or other notification for: Medical</b>			
ACCOUNT NO. <b>71073704-5</b>		<b>J Medical/ Dental Bill</b>			<b>300.00</b>
<b>Medical Recovery Specialists 2250 E Devon Ave Ste 352 Des Plaines, IL 60018-4511</b>		<b>Assignee or other notification for: Medical Recovery Specialists</b>			
ACCOUNT NO. <b>St Anthony Hospital</b>					
ACCOUNT NO. <b>1777, 0998, 0124, 0123</b>	<b>W</b>	<b>Collections accounts opened 8/05</b>			<b>1,011.00</b>
Meijer Inc C/O United Collection Bureau 5620 Southwyck Blvd Toledo, OH 43614-1501					
Sheet no. <b>9</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,371.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Meijer</b> <b>Attn: Returned Checks Dept</b> <b>PO Box 1</b> <b>Grand Rapids, MI 49501</b>		<b>Assignee or other notification for:</b> <b>Meijer Inc</b>			
ACCOUNT NO.					
<b>Meijer, Inc</b> <b>2929 Walker Ave NW</b> <b>Grand Rapids, MI 49544-9424</b>		<b>Assignee or other notification for:</b> <b>Meijer Inc</b>			
ACCOUNT NO. <b>3767, 3397, 3438, 2274</b>	<b>W</b>	<b>Collections accounts opened 6/05</b>			<b>357.00</b>
<b>Michaels, Inc.</b> <b>8000 Bent Branch Dr</b> <b>Irving, TX 75063-6023</b>		<b>Assignee or other notification for:</b> <b>Michaels, Inc.</b>			
ACCOUNT NO.					
<b>Michaels</b> <b>PO Box 201059</b> <b>Dallas, TX 75320-1059</b>		<b>Assignee or other notification for:</b> <b>Michaels, Inc.</b>			
ACCOUNT NO.					
<b>United Compucured</b> <b>4190 Harrison Ave</b> <b>Cincinnati, OH 45211-4546</b>		<b>Assignee or other notification for:</b> <b>Michaels, Inc.</b>			
ACCOUNT NO.	<b>J</b>	<b>Collections</b>			
<b>Midwest Diagnostic Pathology</b> <b>75 Remittance Dr Ste 3070</b> <b>Chicago, IL 60675-3070</b>					<b>22.00</b>
ACCOUNT NO. <b>1155</b>	<b>H</b>	<b>Open account opened 11/03</b>			
<b>Mt Sinai Hospital</b> <b>2750 W 15th St</b> <b>Chicago, IL 60608-1610</b>					<b>2,128.00</b>
Sheet no. <b>10</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>2,507.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.					
<b>Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771</b>		<b>Assignee or other notification for: Mt Sinai Hospital</b>			
ACCOUNT NO. <b>50004809, 8500044988240</b>	<b>W</b>	<b>Open account opened 6/07</b>			<b>1,131.00</b>
<b>Peoples Engy 130 E Randolph St Chicago, IL 60601-6207</b>					
ACCOUNT NO.					
<b>Harris &amp; Harris 600 W Jackson Blvd Ste 400 Chicago, IL 60661-5675</b>		<b>Assignee or other notification for: Peoples Engy</b>			
ACCOUNT NO. <b>1467</b>	<b>H</b>	<b>Collections</b>			<b>373.00</b>
<b>Practical Auto Sales 227 Terminal Ave Nanaimo, BC V9R 5C7</b>					
ACCOUNT NO.					
<b>Jvdb Asc 330 S Wells St Chicago, IL 60606-7106</b>		<b>Assignee or other notification for: Practical Auto Sales</b>			
ACCOUNT NO. <b>7686</b>	<b>H</b>	<b>Open account opened 2/06</b>			<b>76.00</b>
<b>Safeway, Inc 5918 Stoneridge Mall Rd Pleasanton, CA 94588-3229</b>					
ACCOUNT NO.					
<b>Check Recovery Systems 425 W Kelso St Inglewood, CA 90301-2539</b>		<b>Assignee or other notification for: Safeway, Inc</b>			
Sheet no. <b>11</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,580.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO.	J	<b>Collections</b>			
<b>Santa Barbara Bank And Trust C/O SIMM Assoc 800 Pencader Newark, DE 19702</b>					<b>500.00</b>
ACCOUNT NO. 4409	H	<b>Utility or Cellular Use</b>			
<b>SBC/ AT&amp;T 225 W Randolph St Chicago, IL 60606-1838</b>					<b>307.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: SBC/ AT&amp;T</b>			
<b>Gc Services 6330 Gulfton St Houston, TX 77081-1108</b>					
ACCOUNT NO. 1025	H	<b>Open account opened 8/05</b>			
<b>SBC/ AT&amp;T 225 W Randolph St Chicago, IL 60606-1838</b>					<b>119.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: SBC/ AT&amp;T</b>			
<b>Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036</b>					
ACCOUNT NO. 4209	W	<b>Open account opened 12/05</b>			
<b>SBC/ AT&amp;T 225 W Randolph St Chicago, IL 60606-1838</b>					<b>201.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: SBC/ AT&amp;T</b>			
<b>Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123-2255</b>					
Sheet no. <u>12</u> of <u>16</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,127.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO.		<b>H Open account opened 1/04</b>			
<b>Smg</b>					<b>128.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Smg</b>			
<b>Kca Financial Svcs For SMG PO Box 53 Geneva, IL 60134-0053</b>					
ACCOUNT NO. <b>1539</b>		<b>H Collections account opened 3/08</b>			
<b>Sprint Nextel Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436</b>					<b>130.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Sprint Nextel</b>			
<b>Afni, Inc. PO Box 3427 Bloomington, IL 61702-3427</b>					
ACCOUNT NO. <b>9900</b>		<b>W Open account opened 12/04</b>			
<b>Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436</b>					<b>510.00</b>
ACCOUNT NO.		<b>Assignee or other notification for: Sprint Nextel</b>			
<b>Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504</b>					
ACCOUNT NO. <b>0538</b>		<b>H Open account opened 12/04</b>			
<b>Sprint Nextel Sprint PCS 2001 Edmund Halley Dr Reston, VA 20191-3436</b>					<b>472.00</b>
Sheet no. <b>13</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,240.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE				AMOUNT OF CLAIM
			CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. <b>Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504</b>		<b>Assignee or other notification for: Sprint Nextel</b>				
ACCOUNT NO. <b>St Anthony Hospital 2875 W 19th St Chicago, IL 60623-3501</b>	J	<b>Medical/ Dental Bill</b>				<b>500.00</b>
ACCOUNT NO. <b>6546</b> <b>T Mobile Bankruptcy Team PO Box 53410 Bellevue, WA 98015-5341</b>	W	<b>Open account opened 9/07</b>				<b>1,206.00</b>
ACCOUNT NO. <b>Amsher Collection Serv 600 Beacon Pkwy W Ste 300 Birmingham, AL 35209-3120</b>		<b>Assignee or other notification for: T Mobile Bankruptcy Team</b>				
ACCOUNT NO. <b>Superior Asset Management PO Box 596 Fort Walton Beach, FL 32549-0596</b>		<b>Assignee or other notification for: T Mobile Bankruptcy Team</b>				
ACCOUNT NO. <b>The Student Loan Corporation</b>	W	<b>Open account opened 3/06</b>				<b>981.00</b>
ACCOUNT NO. <b>Isac 1755 Lake Cook Rd Deerfield, IL 60015-5215</b>		<b>Assignee or other notification for: The Student Loan Corporation</b>				
Sheet no. <b>14</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$	<b>2,687.00</b>	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$		

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>The Student Loan Corporation</b>	W	<b>Open account opened 3/06</b>			<b>578.00</b>
ACCOUNT NO. <b>Isac 1755 Lake Cook Rd Deerfield, IL 60015-5215</b>		<b>Assignee or other notification for: The Student Loan Corporation</b>			
ACCOUNT NO. <b>2721, 716454129</b> <b>US Cellular Write Off Team 5117 W Terrace Dr Madison, WI 53718-8344</b>	H	<b>Open account opened 12/07</b>			<b>867.00</b>
ACCOUNT NO. <b>Afni, Inc. PO Box 3427 Bloomington, IL 61702-3427</b>		<b>Assignee or other notification for: US Cellular</b>			
ACCOUNT NO. <b>Amo Recoveries PO Box 4557 Glendale Heights, IL 60139</b>		<b>Assignee or other notification for: US Cellular</b>			
ACCOUNT NO. <b>Von Maur Store</b>	J	<b>NSF</b>			<b>233.00</b>
ACCOUNT NO. <b>CFC Cash Flow Consultants PO Box 1527 Bridgeview, IL 60455-0527</b>		<b>Assignee or other notification for: Von Maur Store</b>			
Sheet no. <b>15</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>1,678.00</b>	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$	

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. <b>10921030</b>		J <b>Collections</b>			<b>326.00</b>
Walmart Stores C/O FMS PO Box 707600 Tulsa, OK 74170-7600		Assignee or other notification for: <b>Walmart Stores</b>			
ACCOUNT NO.					
Trs Recovery Services PO Box 60022 City of Industry, CA 91716-0022					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. <b>16</b> of <b>16</b> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ <b>326.00</b>	
			Total		
		(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ <b>53,823.50</b>	

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): <b>5</b>
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>See Schedule Attached</b>	<b>See Schedule Attached</b>

**INCOME:** (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>1,990.48</b>	\$ <b>3,353.79</b>
2. Estimated monthly overtime	\$ _____	\$ _____

**3. SUBTOTAL**

4. LESS PAYROLL DEDUCTIONS	<b>\$ 1,990.48</b>	<b>\$ 3,353.79</b>
a. Payroll taxes and Social Security	\$ <b>389.04</b>	\$ <b>566.63</b>
b. Insurance	\$ <b>87.50</b>	\$ <b>65.00</b>
c. Union dues	\$ _____	\$ <b>52.00</b>
d. Other (specify) <b>Child Support</b>	\$ <b>376.00</b>	\$ _____
<b>Student Loan</b>	\$ _____	\$ <b>337.81</b>

**5. SUBTOTAL OF PAYROLL DEDUCTIONS****6. TOTAL NET MONTHLY TAKE HOME PAY**

<b>\$ 852.54</b>	<b>\$ 1,021.44</b>
<b>\$ 1,137.94</b>	<b>\$ 2,332.35</b>

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

**14. SUBTOTAL OF LINES 7 THROUGH 13****15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

<b>\$ 1,137.94</b>	<b>\$ 2,332.35</b>
--------------------	--------------------

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15;  
if there is only one debtor repeat total reported on line 15)**\$ 3,470.29**

(Report also on Summary of Schedules and, if applicable, on  
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

EMPLOYMENT:	DEBTOR	SPOUSE
Occupation		<b>Child Care</b>
Name of Employer	<b>Chicago Public Schools</b>	<b>Lydia Home</b>
How long employed		<b>3 years</b>
Address of Employer	<b>PO Box 9003</b> <b>Chicago, IL 60609-0003</b>	
Occupation	<b>Child Care</b>	<b>Cook</b>
Name of Employer	<b>Lydia Home</b>	<b>Ohare Hilton</b>
How long employed	<b>3 years</b>	
Address of Employer		

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ **650.00**

- a. Are real estate taxes included? Yes        No ✓
- b. Is property insurance included? Yes        No ✓

2. Utilities:

a. Electricity and heating fuel \$ **400.00**

b. Water and sewer \$ \_\_\_\_\_

c. Telephone \$ \_\_\_\_\_

d. Other Cell Phones \$ **150.00**

Cable, Internet, And Phone \$ **180.00**

3. Home maintenance (repairs and upkeep) \$ \_\_\_\_\_

4. Food \$ **550.00**

5. Clothing \$ **150.00**

6. Laundry and dry cleaning \$ **75.00**

7. Medical and dental expenses \$ **125.00**

8. Transportation (not including car payments) \$ **400.00**

9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ **50.00**

10. Charitable contributions \$ \_\_\_\_\_

11. Insurance (not deducted from wages or included in home mortgage payments)

a. Homeowner's or renter's \$ \_\_\_\_\_

b. Life \$ **65.00**

c. Health \$ \_\_\_\_\_

d. Auto \$ **228.00**

e. Other \$ \_\_\_\_\_

12. Taxes (not deducted from wages or included in home mortgage payments)

(Specify) \$ \_\_\_\_\_

13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)

a. Auto \$ **578.00**

b. Other \$ \_\_\_\_\_

14. Alimony, maintenance, and support paid to others \$ \_\_\_\_\_

15. Payments for support of additional dependents not living at your home \$ \_\_\_\_\_

16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ \_\_\_\_\_

17. Other Child Care \$ **125.00**

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ **3,726.00**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

**None**

**20. STATEMENT OF MONTHLY NET INCOME**

- |  |                    |
|--|--------------------|
| a. Average monthly income from Line 15 of Schedule I | \$ <b>3,470.29</b> |
| b. Average monthly expenses from Line 18 above       | \$ <b>3,726.00</b> |
| c. Monthly net income (a. minus b.)                  | \$ <b>-255.71</b>  |

**DECLARATION CONCERNING DEBTOR'S SCHEDULES****DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 11, 2008Signature: /s/ Randy Crockett  
Randy Crockett

Debtor

Date: November 11, 2008Signature: /s/ Javona Crockett  
Javona Crockett

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Crockett, Randy & Crockett, Javona

Chapter 7 \_\_\_\_\_

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

**None** State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>2,500.00</b>	<b>2008 income from employment (monthly) - husband</b>
<b>24,000.00</b>	<b>2007 income from employment - husband</b>
<b>30,000.00</b>	<b>2006 income from employment - (husband)</b>
<b>3,300.00</b>	<b>2008 income from employment (monthly) (wife)</b>
<b>35,000.00</b>	<b>2007 income from employment (wife)</b>
<b>35,000.00</b>	<b>2006 income from employment (wife)</b>

#### 2. Income other than from employment or operation of business

**None** State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>5,000.00</b>	<b>2006 income from child care initiative (wife)</b>

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

- None *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>ACC International</b> <b>ACC Bldg.</b> <b>919 Estes Ct</b> <b>Schaumburg, IL 60193-4427</b>	<b>Last 3 months</b>	<b>1,800.00</b>	<b>21,800.00</b>

- None *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>Mary Crockett</b>	<b>2007</b>	<b>900.00</b>	<b>0.00</b>

### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None *a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

- None *b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

### 5. Repossessions, foreclosures and returns

- None *List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

### 6. Assignments and receiverships

- None *a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)*

- None *b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

### 7. Gifts

- None *List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)*

#### 8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	5/24/2008	676.00

#### 10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

## **17. Environmental Information**

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None** a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

**None** b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: November 11, 2008

Signature /s/ Randy Crockett  
of Debtor

---

Randy Crockett

Date: November 11, 2008

Signature /s/ Javona Crockett  
of Joint Debtor  
(if any)

Jayona Crockett

**0** continuation pages attached

*Penalty for making a false statement; Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

**IN RE:**

Case No. \_\_\_\_\_

**Crockett, Randy & Crockett, Javona**

Chapter 7 \_\_\_\_\_

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 22,450.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 21,803.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		\$ 5,640.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 53,823.50	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 3,470.29
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 3,726.00
TOTAL		31	\$ 22,450.00	\$ 81,266.50	

**IN RE:**

Case No. \_\_\_\_\_

Crockett, Randy & Crockett, Javona

Chapter 7 \_\_\_\_\_

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 4,140.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 1,500.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 5,640.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 3,470.29
Average Expenses (from Schedule J, Line 18)	\$ 3,726.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 5,344.27

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 7,803.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 5,640.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 53,823.50
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 61,626.50

IN RE:

Crockett, Randy

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Randy Crockett

Date: November 11, 2008

IN RE:

Crockett, Javona

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*
3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Javona Crockett

Date: November 11, 2008

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
 I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
 I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
07 Chevy Malibu	Acc Consumer Finance L				✓
Description of Leased Property	Lessor's Name				Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

11/11/2008 /s/ **Randy Crockett** /s/ **Javona Crockett**  
Date Randy Crockett Debtor Javona Crockett Joint Debtor (if applicable)

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 92

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 11, 2008

/s/ Randy Crockett

Debtor

/s/ Javona Crockett

Joint Debtor

Crockett, Randy  
4302 W Gladys  
Apt 1  
Chicago, IL 60624

Americash Loans  
Attn Bankruptcy  
880 Lee St Ste 302  
Des Plaines, IL 60016-6487

Black Expressions Book Club  
1225 S Market St  
Mechanicsburg, PA 17055-4728

Crockett, Javona  
4302 W Gladys  
Apt 1  
Chicago, IL 60624

Americash Loans  
103 W Division St  
Chicago, IL 60610-1909

Boone County State's Atty  
Bad Check Program  
PO Box 1068  
Belvidere, IL 61008-1068

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Amo Recoveries  
PO Box 4557  
Glendale Heights, IL 60139

Cap One  
PO Box 5155  
Norcross, GA 30091-5155

Aaron Sales And Lease Ow  
PO Box 102746  
Atlanta, GA 30368-2746

Amsher Collection Serv  
600 Beacon Pkwy W Ste 300  
Birmingham, AL 35209-3120

Car Town, Inc  
850 N Western Ave  
Chicago, IL 60622-4638

Acc Consumer Finance L  
10770 Wateridge Cir  
San Diego, CA 92121-5701

Arnold Scott Harris  
600 W Jackson Blvd Ste 720  
Chicago, IL 60661-5683

Cavalry Portfolio Serv  
PO Box 1017  
Hawthorne, NY 10532-7504

Advocate Health Hospital Cor  
Bethany  
3435 W Van Buren St  
Chicago, IL 60624-3312

Aspire  
PO Box 105341  
Atlanta, GA 30348-5341

CFC Cash Flow Consultants  
PO Box 1527  
Bridgeview, IL 60455-0527

Afni, Inc  
PO Box 3427  
Bloomington, IL 61702-3427

Asset Acceptance  
PO Box 2036  
Warren, MI 48090-2036

Check Recovery Systems  
425 W Kelso St  
Inglewood, CA 90301-2539

Afni, Inc.  
PO Box 3427  
Bloomington, IL 61702-3427

Asset Acceptance Llc  
PO Box 2036  
Warren, MI 48090-2036

Cingular Wireless/ AT&T Wireless  
175 E Houston St  
San Antonio, TX 78205-2255

America's Fi  
2 Madison St  
Oak Park, IL 60302-4204

AT & T  
PO Box 8100  
Aurora, IL 60507-8100

Citibank  
Attn: Centralized Bankruptcy  
PO Box 20507  
Kansas City, MO 64195-0507

America's Financial Choice  
3555 W Irving Park Rd  
Chicago, IL 60618-3219

Bally Total Fitness  
Attn Member Services  
PO Box 1090  
Norwalk, CA 90651-1090

City Of Chicago Bureau Of Parking  
Department Of Revenue  
333 S State St Ste 540  
Chicago, IL 60604-3992

Document Page 47 of 67  
**Horizon Emergency Physician Group**  
 Dept 3100  
 PO Box 3781  
 Hinsdale, IL 60522-3781

IQ Telecom  
 3221 Burr Oak Ave  
 Blue Island, IL 60406-1829

Com Ed  
 Customer Care Center  
 PO Box 805379  
 Chicago, IL 60680-5379

Comcast  
 Attn Bankruptcy  
 1500 Market St  
 Philadelphia, PA 19102-2100

Hsbc Auto Finance  
 Bankruptcy  
 PO Box 17909  
 San Diego, CA 92177-7909

Isac  
 1755 Lake Cook Rd  
 Deerfield, IL 60015-5215

Cps Security  
 PO Box 782408  
 San Antonio, TX 78278-2408

Hsbc Bank  
 PO Box 5253  
 Carol Stream, IL 60197-5253

Jvdb Asc  
 PO Box 5718  
 Elgin, IL 60121-5718

Credit Protection Asso  
 PO Box 802068  
 Dallas, TX 75380-2068

I C System Inc  
 PO Box 64378  
 Saint Paul, MN 55164-0378

Jvdb Asc  
 330 S Wells St  
 Chicago, IL 60606-7106

David Taylor And Assocs  
 170 Main St Unit G11  
 Tewksbury, MA 01876-1744

II Dept Of Healthcare  
 509 S 6th St  
 Springfield, IL 62701-1825

Kca Financial Svcs  
 For SMG  
 PO Box 53  
 Geneva, IL 60134-0053

First Cash Advance  
 1916 E 95th St  
 Chicago, IL 60617-4787

Illinois Department Of Employment Securi  
 Attn Bankruptcy 3rd Fl  
 401 S State St  
 Chicago, IL 60605-1229

Law Offices Of Jerry M. Salzberg  
 3949 N Pulaski Rd  
 Chicago, IL 60641-2932

Gc Services  
 6330 Gulfton St  
 Houston, TX 77081-1108

Illinois Department Of Human Services  
 Cash Management Unit  
 PO Box 19407  
 Springfield, IL 62794-9407

Lincoln Towing Service Inc  
 4882 N Clark St  
 Chicago, IL 60640-4711

Genesis Financial Services  
 505 N Lasalle St Ste 250  
 Chicago, IL 60610-4222

Illinois Department Of Revenue  
 Bankruptcy Section Level 7-425  
 100 W Randolph St  
 Chicago, IL 60601-3218

Linebarger, Goggan, Blair, Sampson LLP  
 Attorneys At Law  
 PO Box 6152  
 Chicago, IL 60606-0152

Harris  
 600 W Jackson Blvd  
 Chicago, IL 60661-5636

Intelenet Global Services  
 2325 Coit Rd Ste B  
 Plano, TX 75075-3795

Lvnv Funding Llc  
 PO Box 10587  
 Greenville, SC 29603-0587

Harris & Harris  
 600 W Jackson Blvd Ste 400  
 Chicago, IL 60661-5675

Internal Revenue Service  
 Centralized Insolvency Operations  
 PO Box 21126  
 Philadelphia, PA 19114-0326

MCI Bankruptcy Department  
 PO Box 3243  
 Bloomington, IL 61702-3243

Document Page 48 of 67  
**Nationwide Credit And Co**  
 9919 W Roosevelt Rd Ste 101  
 Westchester, IL 60154-2771

SBC/ AT&T  
 225 W Randolph St  
 Chicago, IL 60606-1838

**Medical Recovery Specialists**  
 2250 E Devon Ave Ste 352  
 Des Plaines, IL 60018-4511

**Meijer**  
 Attn: Returned Checks Dept  
 PO Box 1  
 Grand Rapids, MI 49501

**Nco Fin /99**  
 507 Prudential Rd  
 Horsham, PA 19044-2308

**Sprint Nextel**  
 Nextel  
 2001 Edmund Halley Dr  
 Reston, VA 20191-3436

**Meijer Inc**  
 C/O United Collection Bureau  
 5620 Southwyck Blvd  
 Toledo, OH 43614-1501

**NCO Financial Systems**  
 507 Prudential Rd  
 Horsham, PA 19044-2308

**Sprint Nextel**  
 2001 Edmund Halley Dr  
 Reston, VA 20191-3436

**Meijer, Inc**  
 2929 Walker Ave NW  
 Grand Rapids, MI 49544-9424

**Park Dansan**  
 113 W 3rd Ave  
 Gastonia, NC 28052-4320

**Sprint Nextel**  
 Sprint PCS  
 2001 Edmund Halley Dr  
 Reston, VA 20191-3436

**Michaels**  
 PO Box 201059  
 Dallas, TX 75320-1059

**Peoples Engy**  
 130 E Randolph St  
 Chicago, IL 60601-6207

**St Anthony Hospital**  
 2875 W 19th St  
 Chicago, IL 60623-3501

**Michaels, Inc.**  
 8000 Bent Branch Dr  
 Irving, TX 75063-6023

**Practical Auto Sales**  
 227 Terminal Ave  
 Nanaimo, BC V9R 5C7

**State Collection Servi**  
 PO Box 6250  
 Madison, WI 53716-0250

**Midland Credit Mgmt**  
 8875 Aero Dr  
 San Diego, CA 92123-2251

**Rickenbacker Group**  
 15005 Concord Cir  
 Morgan Hill, CA 95037-5417

**Superior Asset Management**  
 PO Box 596  
 Fort Walton Beach, FL 32549-0596

**Midland Credit Mgmt**  
 8875 Aero Dr Ste 200  
 San Diego, CA 92123-2255

**Rjm Acq Llc**  
 575 Underhill Blvd Ste 224  
 Syosset, NY 11791-3416

**T Mobile Bankruptcy Team**  
 PO Box 53410  
 Bellevue, WA 98015-5341

**Midwest Diagnostic Pathology**  
 75 Remittance Dr Ste 3070  
 Chicago, IL 60675-3070

**Safeway, Inc**  
 5918 Stoneridge Mall Rd  
 Pleasanton, CA 94588-3229

**Trs Recovery Services**  
 PO Box 60022  
 City of Industry, CA 91716-0022

**Mt Sinai Hospital**  
 2750 W 15th St  
 Chicago, IL 60608-1610

**Santa Barbara Bank And Trust**  
 C/O SIMM Assoc  
 800 Pencader  
 Newark, DE 19702

**Tsys Debt Management**  
 PO Box 5155  
 Norcross, GA 30091-5155

**United Compucred  
4190 Harrison Ave  
Cincinnati, OH 45211-4546**

**US Cellular  
Write Off Team  
5117 W Terrace Dr  
Madison, WI 53718-8344**

**Van Ru Credit Corp  
10024 Skokie Blvd Ste 2  
Skokie, IL 60077-1025**

**Walmart Stores  
C/O FMS  
PO Box 707600  
Tulsa, OK 74170-7600**

**Zenith Acquisition Corp  
220 John Glenn Dr # 1  
Buffalo, NY 14228-2228**

Debtor(s)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Crockett, Randy & Crockett, Javona

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7 \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **676.00**

Balance Due ..... \$ **0.00**

2. The source of the compensation paid to me was:  Debtor  Other (specify): \_\_\_\_\_
3. The source of compensation to be paid to me is:  Debtor  Other (specify): \_\_\_\_\_
4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. **Representation of the debtor in adversary proceedings and other contested bankruptcy matters;**
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 11, 2008

Date

/s/ Nicolette Robovsky

Signature of Attorney

Gleason & Gleason

Name of Law Firm

DO NOT PIERCE OR PUNCTURE THIS CHECK

DETACH CHECK ALONG PERFORATION

### Javona Crockett

Earnings	current	year to date
Regular Wages	792.77	19,808.78
Overtime	42.66	871.22
Vacation	227.52	455.04
Meals	26.91	644.94
Declared Tips	0.00	12.43
Sick Pay	0.00	592.72
Retro Active Increase	0.00	227.45
Holiday	0.00	824.48
Special Gratuities	0.00	25.00
<b>Gross Pay</b>	<b>\$ 1,062.95</b>	<b>\$ 22,804.69</b>

Your federal taxable wages this period are \$1,062.95

### Deductions

#### Taxes

Fed Withholding	- 68.87	- 1,611.03
Fed MED/EE	- 15.41	- 330.67
Fed OASDI/EE	- 65.90	- 1,413.89
IL Withholding	- 24.97	- 546.05
Fed Med/EE/tip	- 0.00	- 0.18
Fed OASDI/tip/EE	- 0.00	- 0.77

### Voluntary

Meals	- 26.91	- 644.94
Union Medical - Dpdnt-2nd	- 30.00	- 270.00
Regular Dues - Jgst Payroll	- 0.00	- 323.00
Garnishment-Vol Dis/EE	- 0.00	- 364.48
Garnishment-1042	- 0.00	- 160.00
Garnishment-Med/EE/tip	- 0.00	- 764.78
Garnishment-Vol Dis/EE	- 0.00	- 1,528.28
Garnishment-Vol Dis/EE	- 0.00	- 1,191.88
Club Membership - 1st Pay Pd	- 0.00	- 30.00
<b>Net Pay</b>	<b>\$ 857.80</b>	<b>\$ 14,259.68</b>

\* Excluded from federal taxable wages

### Employee ID: 1084857

Hours	rate	current	year to date
Regular Wages	14.2200	55.75	1344.25
Overtime	21.3300	2.00	39.75
Vacation	14.2200	16.00	32.00
Sick Pay			40.00
Retro Active Increase			56.00
Holiday			

Total: 73.75 1512.00

Period Beginning: 09/07/2008 Check #: 6749903  
 Period Ending: 09/20/2008 Check Date: 09/26/2008

Department: 41000-Coffee Shop #2

Location: HLTN O'Hare

Job Title: Attendant-Snack Bar

Pay Rate: \$ 14.2200 Hourly

Pay Group: 235-O'Hare Hilton

Tax Data:	Federal	IL State
-----------	---------	----------

Filing Status:	Single	Not applicable
----------------	--------	----------------

Allowances:	3	3
-------------	---	---

Additional Percentage:

Additional Amount:

Important Notes



CHICAGO IL 60603  
 430 S. Wabash Avenue  
 Suite 2000  
 Hilton  
 Javona Crockett  
 5532  
 OHare-Hilton-1st floor

Hilton Pride will help us achieve our vision

"To be the first choice of the world's travelers."

**Hilton Pride makes it happen.**

▲ DETACH CHECK ALONG PERFORATION ▲

▲ DETACH CHECK ALONG PERFORATION ▲

### Levona Crockett

	<u>current</u>	<u>year to date</u>
Regular Wages	1,232.14	11,404.74
Overtime	34.76	347.80
Leads	37.86	358.11
Sick Pay	0.00	366.20
Retro Active Increase	0.00	120.80
Holiday	0.00	483.20
Special Gratuities	0.00	25.00
<b>Total Pay</b>	<b>\$ 1,266.90</b>	<b>\$ 12,746.74</b>

our federal taxable wages this period are \$1,266.90

### Deductions

	<u>axes</u>	<u>ad Withholding</u>	<u>ad MED/EE</u>	<u>ad OASDI/EE</u>	<u>Withholding</u>
	- 99.46	- 915.66	- 18.37	- 184.83	- 78.55
					- 31.08
					- 306.25
<b>Total Pay</b>	<b>\$ 695.69</b>	<b>\$ 7,397.48</b>			

Excluded from federal taxable wages

### Employee ID: 1084857

Hours	rate	<u>current</u>	<u>year to date</u>
Regular Wages	15.4500	79.75	753.25
Overtime	23.1733	1.50	15.25
Sick Pay			24.00
Retro Active Increase			32.00
Holiday			
<b>Total:</b>		<b>81.25</b>	<b>824.50</b>

Period Beginning: 05/04/2008 Check #: 6619826  
 Period Ending: 05/17/2008 Check Date: 05/23/2008

Department: 68100-Kitchen #1  
 Location: HLTN O'Hare  
 Job Title: Cook  
 Pay Rate: \$ 15.4500 Hourly  
 Pay Group: 235-O'Hare Hilton

Tax Data:	Federal	IL State
Filing Status:	Single	Not applicable
Allowances:	3	3
Additional Percentage:		
Additional Amount:		

### Important Notes



Chicago IL 60611  
 305 N Dearborn Street  
 Clocktower Building  
 32nd Floor  
 100 North Michigan Avenue

Hilton Pride will help us achieve our vision

To be the first choice of the world's travelers."

**Hilton Pride makes it happen.**



Crockett

**LYDIA HOME ASSOCIATION**

**Earnings Statement**

		Fed Taxable Income Fed Filing Status State Filing Status	304.42 S-1 S-1	Check Date Period Beginning Period Ending	May 23, 2008 May 1, 2008 May 15, 2008	Check Number Net Pay Check Amount	27821 187.27 187.27				
Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt	Direct Deposit	Type	Transit	Account	Amount
		150.00	FITW	6.79	63.09	No Direct Deposits					
10.9700	27.75	304.42	2,243.39	IL	6.82	49.31					
				MED	4.41	34.70					
				SS	18.87	148.39					
				Wage Assig	40.13	294.23					
				WAGE2	40.13	294.23					
				WAGE3		99.95					
							Benefit	Amount	YTD Amt	Accrual	Hours
							No Benefits				Dollars
											No Accruals

IMPORTANT: PLEASE READ

arnings:	27.75	304.42	2,393.39	Totals	117.15	983.90
		304.42				



CHICAGO PUBLIC SCHOOLS  
P.O. BOX 2866  
CHICAGO, ILLINOIS 60690

PAGE: 1 of 1

DATE: August 1, 2008  
PAY RUN ID: ES20080726-0400332652  
CHECK NUMBER: 400332652

PAY PERIOD : 07/13/08-07/26/08  
LANE/GRADE: 130  
STEP: 01

09997 CKS ZA 08212 - 0400332652 NNNN 2125100001003 X371A1 C  
RANDY CROCKETT  
4302 W. GLADYS  
CHICAGO IL 60624-2620



EMPLOYEE ID: 000204611  
TIME CURRENT: 0.00  
OVERTIME: 0.00

POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP

301659/Summer 30.00 487.37  
156191/DeferredPy 0.00 487.85

YTD TOTAL GROSS: \$10,551.33  
YTD TAXABLE GROSS: \$8,263.07  
MAIL DROP/DEPT/JOB CODE: 00697/30061/002533

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD---

CPS Pension Plan	20.48	177.20
Break Advance Repayment	0.00	624.83
Deferred Pay Balance	0.00	436.26
Fed Withholding	S07	0.00
Fed MED/EE		0.00
IL Withholding	02	14.14
SEIU L73 Part Time Fair S		122.38
		177.22
		86.40

BENEFIT DAYS-----  
SCK 13.50 SCP 0.00 PBD 0.50  
VAC 3.00 VC1 0.00 VC2 0.00

\*\*\* CURRENT GROSS PAY \$975.22

MESSAGES: ESP Payroll PP 15

CBOE Pension Contrib 68.27 590.81  
\*\*\* CURRENT NET PAY \$902.17



CHICAGO PUBLIC SCHOOLS  
P.O. BOX 09003  
CHICAGO, ILLINOIS 60609

PAGE: 1 of 1

DATE: July 3, 2008  
PAY RUN ID: ES20080628-0400325108  
CHECK NUMBER: 400325108

PAY PERIOD: 06/15/08-06/28/08  
LANE/GRADE: 130  
STEP: 01

10255 CKS ZA 08164 - 0400325108 NNNN 1845100002001 X371A1 C  
RANDY CROCKETT  
4302 W. GLADYS  
CHICAGO IL 60624-2620



EMPLOYEE ID: 000204611  
TIME CURRENT: 0.00  
OVERTIME: 0.00  
POSITION/EARN TYPE---HOURS-AMOUNT/ADJ.--ADJ. PP  
301659/Summer 32.00 499.87  
156191/DeferredPy 0.00 487.85

YTD TOTAL GROSS: \$8,635.88  
YTD PAYABLE GROSS: \$8,227.94  
MAIL DROP/DEPT/JOB CODE: 00697/30061/002533

TAXES/DEDUCTIONS/NET-----CURRENT-----YTD--		
CPS Pension Plan	20.74	136.98
Break Advance Repayment	0.00	624.83
Deferred Pay Balance	0.00	1411.96
Fed Withholding	S07	0.00
Fed MED/EE		0.00
IL Withholding	14.32	94.61
SEIU L73 Part Time Fair S	02	24.39
	14.40	130.19
		57.60

BENEFIT DAYS---  
SCK 3.50 SCP 0.00 PBD 0.50  
VAC 3.00 VC1 0.00 VC2 0.00

\*\*\* CURRENT GROSS PAY \$987.72

MESSAGES: ESP PP 13 Payroll

CBOE Pension Contrib	69.14	456.72
*** CURRENT NET PAY	\$913.87	

Candy L Crockett

**LYDIA HOME ASSOCIATION**

**Earnings Statement**

np Id cation	993 10	Fed Taxable Income		963.07 S-1	Check Date Period Beginning Period Ending	May 23, 2008 May 1, 2008 May 15, 2008	Check Number Net Pay Check Amount	27824 532.88 532.88
		Fed Filing Status	State Filing Status					
ming		Rate	Hours	Amount	YTD Amt	Tax/Deduction	Amount	YTD Amt
onus				150.00	FITW	94.27	678.89	No Direct Deposits
HOL				82.40	IL	26.58	215.26	
oliday				164.80	MED	13.96	120.80	
vertime	15.4500	6.75	104.29	378.53	SS	59.71	516.53	
TO				494.40				
egular	10.3000	78.50	808.55	7,158.52	Afl Dis PT	23.40	234.00	
ck	10.3000	8.00	82.40	185.40	AFLACHIC	8.77	87.70	
cation				154.50	DN125		115.76	
					Wage Assig	47.05	470.50	
					WAGE3	188.62	1,777.28	No Benefits
								FHOL 16.00
								PTO
								SICK 4.00
								VAC 22.00

IMPORTANT: PLEASE READ

Gross Earnings	93.25	995.24	8,768.55	Totals	462.36	4,216.72
Taxable Earnings:			963.07			



LYDIA HOME ASSOCIATION									
		Check Date September 25, 2008		Period Beginning September 1, 2008		Period Ending September 15, 2008		Check Number 28252 Net Pay 394.12 Check Amount 394.12	
Emp Id	Location	993	10	Fed Taxable Income Fed Filing Status	713.18 S-1	YTD Amt	Amount	YTD Amt	Amount
Earnings	Rate	Hours	Amount	Tax/Deduction				Direct Deposit	Type
Bonus				300.00	FITW	\$6.78	1,381.96	No Direct Deposits	
PHOL				82.40	IL	19.09	419.72		
Holiday	10.6100	8.00	84.88	414.48	MED	10.34	229.66		
Overtime				1,365.26	SS	44.22	982.00		
PTO				576.80	A1 Dis PT	23.40	421.20		
Regular	10.6100	62.25	660.47	13,032.70	AFLACHIC	8.77	157.86		
Sick				270.28	CHILD	188.63	220.08		
Vacation				491.54	DN125	115.76	611.65		
					Wage Assig		470.34		
					WAGE2		2,751.85		
					WAGE3				
					WAGE4		370.19		
									IMPORTANT: PLEASE READ
Gross Earnings		70.25	745.35	16,533.46	Totals	351.23	8,132.27		
Taxable Earnings:		713.18							

<b>Form 1040</b>		Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return 2007</b>	
<b>Label</b> (See instructions on page 12.)		OMB No. 1545-0074 For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, ending _____.	
<b>LABEL HERE</b>		Your first name and initial _____ Last name _____ If a joint return, spouse's first name and initial _____ Last name _____	
		For the year Jan. 1-Dec. 31, 2007, or other tax year beginning _____, ending _____.	
		Home address (number and street). If you have a P.O. box, see page 12. <b>4300 W. Gladys</b>	
		City, town or post office, state, and ZIP code. If you have a foreign address, see page 12. <b>Chicago IL 60634</b>	
<b>Presidential Election Campaign</b>		Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12) ► <input type="checkbox"/> You <input type="checkbox"/> Spouse	
<b>Filing Status</b>		Check only one box.	
1 <input checked="" type="checkbox"/> Single		4 <input type="checkbox"/> Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here ►	
2 <input type="checkbox"/> Married filing jointly (even if only one had income)		5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 14)	
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here ►		6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a.	
		6b <input type="checkbox"/> Spouse	
		6c <input type="checkbox"/> Dependents: (1) First name _____ Last name _____ (2) Dependent's social security number _____ (3) Dependent's relationship to you _____ (4) Number of children _____ Child for child tax credit (see page 15) _____	
If more than four dependents, see page 13.		Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see page 16) Dependents on 6c not entered above Add numbers on lines above ►	
<b>Exemptions</b>		d Total number of exemptions claimed <b>7 35773.</b>	
<b>Income</b>		7 Wages, salaries, tips, etc. Attach Form(s) W-2 8a Taxable interest. Attach Schedule B if required 8b Tax-exempt interest. Do not include on line 8a 9a Ordinary dividends. Attach Schedule B if required 9b Qualified dividends (see page 19) 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 11 Alimony received 12 Business income or (loss). Attach Schedule C or C-EZ 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ► <input type="checkbox"/> 14 Other gains or (losses). Attach Form 4797 15a IRA distributions <b>15a</b> b Taxable amount (see page 21) 16a Pensions and annuities <b>16a</b> b Taxable amount (see page 22) 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 18 Farm income or (loss). Attach Schedule F 19 Unemployment compensation 20a Social security benefits <b>20a</b> b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) Add the amounts in the far right column for lines 7 through 21. This is your total income ► <b>22 35773.</b>	
<b>Adjusted Gross Income</b>		23 Educator expenses (see page 26) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2108 or 2108-EZ 25 Health savings account deduction. Attach Form 8889 26 Moving expenses. Attach Form 3903 27 One-half of self-employment tax. Attach Schedule SE 28 Self-employed SEP, SIMPLE, and qualified plans 29 Self-employed health insurance deduction (see page 26) 30 Penalty on early withdrawal of savings 31a Alimony paid b Recipient's SSN ► <b>31a</b> 32 IRA deduction (see page 27) 33 Student loan interest deduction (see page 30) 34 Tuition and fees deduction. Attach Form 8917 35 Domestic production activities deduction. Attach Form 2903 36 Add lines 23 through 31a and 32 through 35 37 Subtract line 36 from line 22. This is your adjusted gross income ► <b>37 35773.</b>	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Get. No. 113203

Form 1040 (2007)

Page 2

Form 1040 (2007)

<b>Tax and Credits</b>	38 Amount from line 37 (adjusted gross income) . . . . .	38 35773.
Standard Deduction for—	39a Check <input type="checkbox"/> You were born before January 2, 1943. <input checked="" type="checkbox"/> Blind. } Total boxes If <input type="checkbox"/> Spouse was born before January 2, 1943. <input checked="" type="checkbox"/> Blind. } checked ► 39a	40 5450
• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.	b If your spouse itemizes on a separate return or you were a dual-status after, see page 31 and check here ► 39b	41 36323
Single or Married filing separately, \$5,350.	Itemized deductions (from Schedule A) or your standard deduction (see left margin). Subtract line 40 from line 38	42 3500
Married filing jointly or Qualifying widow(er), \$10,700	If line 38 is \$117,300 or less, multiply \$5,400 by the total number of exemptions claimed on line 42. If line 38 is over \$117,300, see the worksheet on page 38.	43 3623
Head of household, \$7,850	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -C.	44 3623
	44 Tax (see page 39). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 1072 c <input type="checkbox"/> Form(s) 8869 Alternative minimum tax (see page 36). Attach Form 6251.	45 3623
All others:	46 Add lines 44 and 45.	47
	47 Credit for child and dependent care expenses. Attach Form 2441.	48
	48 Credit for the elderly or the disabled. Attach Schedule R.	49
	49 Education credits. Attach Form 8863.	50
	50 Residential energy credits. Attach Form 5695.	51
	51 Foreign tax credit. Attach Form 1116 if required.	52
	52 Child tax credit (see page 39). Attach Form 8801 if required.	53
	53 Retirement savings contributions credit. Attach Form 8880.	54
	54 Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8838	55 00
	55 Other credits: a <input type="checkbox"/> Form 8800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form _____	56 3623
	56 Add lines 47 through 55. These are your <b>total credits</b> .	57
<b>Other Taxes</b>	57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -9.	58
	58 Self-employment tax. Attach Schedule SE.	59
	59 Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8819	60
	60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.	61 3623
	61 Advance earned income credit payments from Form(s) W-2, box 9.	62 2581
	62 Household employment taxes. Attach Schedule H.	63
	63 Add lines 57 through 62. This is your <b>total tax</b> .	
<b>Payments</b>	64 Federal income tax withheld from Forms W-2 and 1099 . . . . .	64
	65 2007 estimated tax payments and amount applied from 2006 return	65
If you have a qualifying child, attach Schedule EIC.	66a Earned income credit (EIC)	66b
	b Nonexempt combat pay election ► 66b	67
	68 Additional child tax credit. Attach Form 8812.	68
	69 Amount paid with request for extension to file (see page 59).	69
	70 Payments from: a <input type="checkbox"/> Form 2498 b <input type="checkbox"/> Form 4736 c <input type="checkbox"/> Form 8885	70 600
	71 Refundable credit for prior year minimum tax from Form 8801, line 27	71 3181
	72 Add lines 64, 65, 66a, and 67 through 71. These are your <b>total payments</b> .	72 00
<b>Refund</b>	73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid.	73
Direct deposit? See page 59 and fill in 74c, 74e, and 74g, or Form 8888.	74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ► b Routing number d Account number	74b
	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	74c
	75 Amount of line 73 you want applied to your 2008 estimated tax ► 75 442	76
<b>Amount You Owe</b>	76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60 ►	76
	77 Estimated tax penalty (see page 61) . . . . .	77
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see page 61)? <input type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No	
	Designee's name ► Phone no. ► Personal identification number (PIN) ►	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
Joint return? See page 12. Keep a copy for your records.	Your signature ► Date ► Your occupation ► Daytime phone number ►	(737) 3272
	Preparer's signature ► Date ► Preparer's occupation ► Daytime phone number ►	
<b>Paid Preparer's Use Only</b>	Preparer's name ► FIRM'S name if self-employed, address, and ZIP code ►	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN ►
		EIN ►
		Phone no. ( )

Form 1040 (2007)

Form  
**1040EZ****Label**  
(See instructions)

Your first name and initial <b>RANDY</b>	Last name <b>CROCKETT</b>
If a joint return, spouse's first name and initial <b>L</b>	
Home address (number and street). If you have a P.O. box, see instructions. <b>4302 W GLADYS</b>	
Apt. no <b>1ST FL</b>	
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions <b>CHICAGO, IL 60624</b>	

Your social security number  
**342-68-2747**

Spouse's social security number

You must enter  
▲ your SSN(s) above. ▲

Checking a box below will not  
change your tax or refund.

**Use the IRS  
label.**  
Otherwise,  
please print  
or type.**Presidential  
Election  
Campaign**  
(See instructions)**Income****Attach  
Form(s) W-2  
here.**Enclose, but  
do not attach,  
any payment.

- Check here if you, or your spouse if a joint return, want \$3 to go to this fund? ►  You  Spouse
- 1 Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. **1 25,213.**
- 2 Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ. **2**
- 3 Unemployment compensation and Alaska Permanent Fund dividends (see instructions). **3**
- 4 Add lines 1, 2, and 3. This is your adjusted gross income. **4 25,213.**
- 5 If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet in instructions.  
 You       Spouse  
 If no one can claim you (or your spouse if a joint return), enter \$8,750 if single; \$17,500 if married filing jointly. See instructions for explanation. **5 8,750.**
- 6 Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-.  
 This is your **taxable income**. **6 16,463.**
- 7 Federal income tax withheld from box 2 of your Form(s) W-2. **7 2,169.**
- 8a **Earned income credit (EIC)**. **NO** **8a**
- b Nontaxable combat pay election. **8b**
- 9 Add lines 7 and 8a. These are your **total payments**. **9 2,169.**
- 10 Tax. Use the amount on line 6 above to find your tax in the tax table in the instructions. Then, enter the tax from the table on this line. **10 2,080.**

**Payments  
and tax****Refund**Have it directly  
deposited! See  
instructions and  
fill in 11b, 11c,  
and 11d or  
Form 8888.

- 11a If line 9 is larger than line 10, subtract line 10 from line 9. This is your **refund**.  
 If Form 8888 is attached, check here ► **11a 89.**

**Amount  
you owe**

- 12 If line 10 is larger than line 9, subtract line 9 from line 10. This is  
 the **amount you owe**. For details on how to pay, see instructions. ► **12 0.**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete the following.  No**Third party  
designee**

Designee's name ► Phone no. ► Personal identification number (PIN) ►

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and  
accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based  
on all information of which the preparer has any knowledge.Joint return?  
See instructions  
Keep a copy  
for your  
records.Your signature Date Your occupation Daytime phone number  
**CHILD CARE WORKER 773-552-9509**

Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

**Paid  
preparer's  
use only**Preparer's signature Date Check if self-employed  Preparer's SSN or PTINFirm's name (or  
yours if self-employed),  
address, and ZIP code ► EIN

Phone no.

UYA

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

Certificate Number: 00437-ILN-CC-005027740

### CERTIFICATE OF COUNSELING

I CERTIFY that on September 29, 2008, at 7:55 o'clock PM MDT, Javona E Crockett received from Black Hills Children's Ranch, Inc. an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111. A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate. This counseling session was conducted by internet and telephone.

Date: September 29, 2008 By /s/Nevada Peck  
Name Nevada Peck  
Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-005027755

## CERTIFICATE OF COUNSELING

I CERTIFY that on September 29, 2008, at 7:59 o'clock PM MDT,

Randy L Crockett received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: September 29, 2008 By /s/Nevada Peck  
Name Nevada Peck  
Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Crockett, Randy & Crockett, Javona

Debtor(s)

Chapter 7

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative  
**To Be Used When Filing over the Internet**

PART I - DECLARATION OF PETITIONER

Date: \_\_\_\_\_

A. To be completed in all cases.

I (We) Randy Crockett and Javona Crockett, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Randy Crockett  
(Debtor or Corporate Officer, Partner or Member)

Signature: Javona Crockett  
(Joint Debtor)